

**Town of Huntington**  
Office of Handicap Services  
100 Main Street, Huntington, New York 11743-6991  
(631) 351-3233    <http://HuntingtonNY.gov>

**Application for Snow Berm Removal Program for  
Persons with Disabilities on Limited Income**

**The Snow Berm Removal Program is designed to assist those persons who have limited income and no other means of removing the snow berm at the end of their driveway. The program can only accommodate a limited number of residents. Your application will be reviewed based upon the information provided.**

***Incomplete applications will be returned.***

***PLEASE PRINT ALL INFORMATION***

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Disability \_\_\_\_\_

Do you rent \_\_\_\_\_ or own \_\_\_\_\_ your home?

Do you have any dependents? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you use a mobility aid (i.e.; wheelchair, cane, prosthesis)?    Circle one    YES    NO

If YES, please specify which type \_\_\_\_\_

If you have a NYS Handicapped Parking Permit or Handicapped Symbol Access License Plate,

Please provide the following: Permit # \_\_\_\_\_ License Plate # \_\_\_\_\_

List All Other Persons Residing at Your Address

NAME	AGE	REASON THEY CAN'T HELP WITH SNOW REMOVAL
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***(If you need more room, please continue on a separate sheet of paper)***

Do you visit a Doctor, Hospital or Clinic on a Regular Basis?    Circle one    YES    NO

If YES, how often? \_\_\_\_\_.

(Continues on back of page)

Please provide the following: Name, Address and Phone Number of your Physician:

NAME OF DOCTOR: \_\_\_\_\_

ADDRESS OF DOCTOR: \_\_\_\_\_

DOCTOR'S PHONE NUMBER: \_\_\_\_\_

Do you require life-sustaining treatment such as dialysis or use of a respirator or chemotherapy?

☐

Yes (specify) \_\_\_\_\_

☐

No

Because of the great need for this program, and the subsequent demand, it must be limited to those physically handicapped individuals who cannot afford to hire someone to clear their driveway **and** to come back a day or two later to clear the berm of snow. Therefore, please confirm your income level so we can rank the applicants.

I certify that my **total household income** is ☐ below \$20,000 per year

☐ below \$30,000 per year

☐ below \$40,000 per year

☐ below \$50,000 per year

☐ below \$60,000 per year

**\*If you can afford to hire someone to clear your driveway, it is a good idea at the same time to make arrangements for him/her to come back in two days to clear the mound of snow (the snow berm), which is caused when the trucks widen the road a day or two after they first plow the streets.**

I understand that the information provided on this application is to be used for the processing of the snow berm application. I certify that the above is a true and accurate statement. I fully authorize the Town of Huntington to verify any and all the information listed herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the application to:**

**Town of Huntington**

**Office of Handicap Services**

**100 Main Street, Huntington, New York 11743.**

**You must apply each year for this program.**

**The Snow Berm Removal list is NOT kept year to year.**